

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) OSHIRO, MARCUS ROBERT	STATE POSITION HELD: (Dept/Div or Board/Commission) Legislature, House of Representatives TERM OF OFFICE (Begin/End): 11/05/02 / 11/02/04
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State House of Representatives State Capitol, Honolulu, Hawaii	D	Legislative/Legislature
F	Marcus R. Oshiro Attorney at Law 562 California Avenue Wahiawa, Hawaii 96786	B	Legal Services
F	Rental of Dwellings 86-318 Puhawai Rd., Waianae, Hawaii	B	Rental Housing
SP	Lauzanne Fung Oshiro Queen Emma Foundation 2330 Kalakaua Avenue, Suite 200 Honolulu, Hawaii 96815	D	Property Management

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES

☒ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Wahiawa Hospital Assn, P.O. Box 580 Wahiawa, HI 96786	Board Member/ Secretary	11/03 - 11/04	None
F	Wahiawa General Hospital (same as above)	Board Member/ Secretary	11/03 - 11/04	None
F	Wahiawa-Central Oahu Health Center Inc. 128 Lehua St., Wahiawa 96786	Secretary/Director	1999 - no end date	None
F	Pacific Women's Center, Inc. 1000 Bishop Street, Honolulu 96813	Secretary/Director	1999 - no end date	None
F	Pacific Wellness Center, Inc. 1000 Bishop Street, Honolulu 96813	Secretary/Director	1999 - no end date	None
F	Pacific Sports Medicine & Research Center, Inc., 1000 Bishop St., Hon 96813	Secretary/Director	1999 - no end date	None

☐ Check here if entry is None☒ Check here if additional sheets are attached

MARCUS R. OSHIRO

May 2004

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS (additional sheet)

F, SP, DC, JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Pacific Saging Center, Inc. 1000 Bishop St., Honolulu 96813	Secretary/ Director	1999 – no end date	None
F	Pacific Community Health and Wellness, Inc. 1000 Bishop St., Honolulu 96813	Secretary/ Director	1999 – no end date	None
F	Pacific Cardiac Institute, Inc. 100 Bishop St., Honolulu 96813	Secretary/ Director	1999 – no end date	None
F	Pacific Biotech Institute, Inc. 1000 Bishop St., Honolulu 96813	Secretary/ Director	1999 – no end date	None
F	Pacific Adolescent Center, Inc. 1000 Bishop St., Honolulu 96813	Secretary/ Director	1999 – no end date	None
F	Pacific Health Center, Inc. 650 California Avenue Wahiawa, HI 96789	Secretary/ Director	1999 – no end date	None
F	Wahiawa Health Care Services Foundation 650 California Avenue Wahiawa, HI 96789	Secretary/ Director	1999 – no end date	None
F	Pacific Sports @ Waipio Peninsula, Inc. 650 California Avenue Wahiawa, HI 96789	Secretary/ Director	1999 – no end date	None
F	Honolulu Community Action Program 1109 Maunakea Street, Suite 200 Honolulu	Board Member	10/02 – 10/04	None
SP	Judiciary History Center Supreme Court, 417 S. King St. Honolulu 96813	Board Member/ Secretary	2001 - 2004	None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
F	86-318 Puhawai Road, Waiānae, HI	8-6-07-03	C
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	RECEIVED 04 MAY 28 AM 11:14

☒ Check here if entry is None☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE

5-28-04